DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17629

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 171

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 409 Lafayette St / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26 3
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No. 409 Lafayette (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EMMA LOUIESE HAMMONS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Z V
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 19 (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 11 If less than one day 11 hr. 30 min.

9. Birthplace Flaccus, Texas / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George T. Allen
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Brooks
15. Birthplace Richmond, Virginia (City, town, or county) (State or foreign country)
16. (a) Informant A. L. Hammons
(b) Address 409 Lafayette Jefferson City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 31 (Day) 1941 (Year)
(c) Place: burial or cremation Longview Cemetery
18. (a) Signature of funeral director Tanner Sewin
(b) Address 700 Jefferson
19. (a) 6/4/41 (Date received local registrar) (b) Sa Be of Dem (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1941 hour 11 minute 30 M.
21. I hereby certify that I attended the deceased from 3/31/41, 19, to 5/30/41, 19; that I last saw her alive on 5/29/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Aortic Regurgitation
Due to
Due to
Other conditions Toxemia (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L S Daigle M. D. ~~or other~~ M. D.
Address Jefferson City, Mo Date signed 6/4/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 8 1941

JUL 2 1 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3 6 8 1

P. O. Address Jefferson Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
25-41
X27852

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(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Louise Hammons

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Black

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert M. Hammons

6. (c) Age of husband or wife if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	11	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-4-41 (Date received local registrar) (b) W Beaufore M D (Registrar's signature)

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Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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While at work? (e) Means of injury

23. Signature L S Daigle (M. D. or other)

Address Jefferson City Date signed

SUPPLEMENTARY

S-17629